Family Centered Care-Is it Worth the Effort? Sophie de Hamel

The clinical research question identified from the PECOT structure is: For mothers who have a newborn infant admitted into the Neonatal Intensive Care Unit (NICU), does the Family-Centered Care promote maternal and infant attachement compared to the traditional biomedical model of NICU care throughout the duration of an infant's admission into NICU?

Maternal And Infant Attachment

The process of maternal and infant attachment is critical for growth and development, and absence of this process can potentially lead to a predisposition of child abuse and neglect. When an infant is admitted into NICU, the natural mother-infant attachment process is disrupted.

(Orapiriyakul et al., 2007)

What Is Family Centered Care

Family Centered Care (FCC) is a model of NICU care that aims to treat infants inclusive of their family and support systems. In a NICU context, the focus shifts from the disease to the context of the infant's family and community, compared to traditional biomedical NICU care, which focuses on the infant and uses neonate behaviour as a practical guide to direct care (Ramezani et al., 2014; Boon, 2012; Gooding et al., 2011.)

How Can Nurses Allow For Family Centered Care In NICU Settings?

- Physical layout of the ward- Smaller, one-bed rooms result in families feeling like they are able to be a family, compared to traditional four-bed rooms; providing a parent bed allows parents to feel like they are not inhibiting, but involved in their infant's care. (Allermann Beck et al., 2009).
- Coordination of infant care- Nurses need to change their role from expertise to guidance, in order to empower the mother and/or family to become the primary caregivers of the infant (Trajkovski et al., 2010). Strong parent-nurse therapeutic relationships, built upon mutual communication, benefits the parents and creates parent-nurse partnership.
- Promoting physical touch- Physical touch between a mother and infant is shown to increase maternal confidence and promote feelings of love and safety (Cooper et al., 2007; Orapiriyaku et al., 2007). Kangaroo care is recommended to facilitate mother-infant contact and bring the highest level of comfort (Bastani et al., 2015; Cooper et al., 2007).
- Discharge planning- Nurses work with parents to ensure they are the primary caregiver of the infant while in hospital. The increased maternal confidence leads to a smoother transition home. (Bastani et al., 2015; Orapiriyakul et al., 2007).

Conclusion

FCC does in fact promote mother and infant attachment compared to traditional biomedical based NICU care. FCC recognises that the family and its support systems are central to the health of an infant. When nursing a neonate, a nurse needs to facilitate and empower the parents to be the primary caregivers of the infant, working in collaboration with the health care team. Promoting FCC has shown increased mother-infant bonding, benefitting the overall health of both the mother and infant.

References

Allermann Beck, S., Weis, J., Greisen, G., Andersen, M., & Zoffmann, V. (2009).

Room for family-centered care a qualitative evaluation of a neonatal intensive care unit remodeling project. Journal of neonatal nursing, 88-99.

Bastani, F., Ali Abadi, T., & Haghani, H. (2015). Effect of family-centered care on

improving parental satisfaction and reducing readmission among premature infants: A randomized controlled trial. Journal of clinical and diagnostic research, 9 (1), SC04–SC08.

Boon, A. (2012). Excellence through patient and family centered care. Bay of Plenty

district health board. Tauranga: Quality health and safety commission New Zealand.

Cooper, L., Gooding, J., Gallagher, J., Sternesky, L., Ledsky, R., & Berns, S. (2007).

Impact of a family-centered care initiative on NICU care, staff and families. Journal of perinatology, 27, S32-S37.

Gooding, J., Cooper, L., Blaine, A., Franck, L., Howse, J., & Berns, S. (2011). Family

support and family-centered care in the neonatal intensive care unit: Origins, advances, impact. Seminars in perinatology, 35, 20-28.

Orapiriyakul, R., Jirapaet, V., & Rodcumdee, B. (2007). Struggling to get connected:

The process of maternal attachment to the preterm Infant in the neonatal intensive care unit. Thai journal of nursing research, 11 (4), 251-264.

Trajkovski, S., Schmied, V., Vickers, M., & Jackson, D. (2010). Neonatal nurses'

perspectives of family-centred care: A qualitative study. Journal of Clinical Nursing, 21, 2477-2487.

Student ID: 1000003091

Rationale: Why I chose to create a poster

I decided to display the information from my literature review in a poster because I felt that it was an effective way to communicate my message, provoke discussion around Family Cantered Care and develop my skills and understanding of the use of posters in conference and clinical settings.

A poster provides a visual summary of a person's research and is an excellence way of communicating the outcomes (Christenbery & Latham, 2013) in a consistent and concise manner (Maiocco, 2002). Therefore, due to the emotive nature of my topic of Family Cantered Care in NICU, I found a poster to be a more effective way of communicating the outcome of my review.

Visual presentation and personal interaction of the presenter with the viewer is essential to the dissemination of information (Halligan, 2008). I am very passionate about Family Centred Care and believe that my poster and personal interaction can enhance the viewers understanding of the topic and, when appropriate, use the information to enhance their practice.

Poster presentations are often used to display information at conferences (Christenbery & Latham, 2013; Halligan, 2008) and used in clinical education (Maiocco, 2002). In creating this poster, I feel I have a greater understanding of effective ways of displaying information to groups of people if I decide to go into postgraduate study or working in a managerial/educator position in the future.

References

Christenbery, T. L., & Latham, T. G. (2013). Creating effective scholarly posters: A guide for DNP students. *Journal Of The American Association Of Nurse Practitioners*, 25 (1), 16-23.

Halligan, P. (2008). Poster presentations: Valuing all forms of evidence. *Nurse Education in Practice*, 8 (1), 41-45.

Maiocco, G. (2002). Posters Give Nursing Staff Consistent Information. *Critical Care Nurse*, 22 (2), 152.

Student ID: 1000003091

PECOT category	Information relating to	Explanation
	question	
Population	Mothers who have a	Looking at the impact of the
	newborn infant admitted	NICU environment on
	into the Neonatal Intensive	mothers with an infant in
	Care (NICU) ward	NICU and how this impacts
		the natural process of
		bonding of the mother and
		newborn.
Exposure/intervention	Family-Centered Care (FCC)	Will be looking at articles
		about Family-Centered Care
		and the impact of this style
		of Care on the maternal
	\\	experience of NICU.
Comparison/control	Traditional biomedical model	Will be looking at how FCC
	of NICU care	compares to traditional NICU
		care.
Outcome	Promotion of maternal and	Understanding the
	infant bonding	implications of FCC on the
		mother's experience of
		having an infant in NICU and
		how it affects her ability to
		bond with her child in the
		NICU environment.
Time	During the length of a NICU	NICU admissions vary in
	admission.	length. The maternal
		experience through out the
		duration of the admission is
		examined.

The clinical research question identified from the PECOT structure is: For mothers who have a newborn infant admitted into the Neonatal Intensive Care Unit (NICU), does the Family-Centered Care promote maternal and infant bonding compared to the traditional biomedical model of NICU care throughout the duration of an infant's admission into NICU?